

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10765005
APPLICANT(S)

1/21/05 115106 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		
2			1		1	
3			1		1	
4					1	
5			1		1	
6			1		1	
7			1		1	
8		1	1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20		1		1		
21						
22		1	1	1		
23		1	1	1		
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		3		3		
TOTAL DEP.		19		19		
TOTAL CLAIMS		22		22		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

22